

CENTER NUTRITION REPORT

NAME _____ DATE _____

RECORD THE KIND AND AMOUNTS OF FOOD USED

CENTER _____

MEAL PATTERN	MENU	SERVING SIZE	FOOD ITEMS USED	QUANTITY ON HAND	QUANTITY USED	NUMBER OF MEALS
Breakfast Milk, fluid Juice or fruit or Vegetable Bread/Bread Alternate Including cereal						_____ Less than 1 _____ 1 - 2 _____ 3 - 5 _____ Staff _____ Volunteers TOTAL _____
A.M. Snack (Select 2 of 4 components) Milk, fluid Fruit or vegetable Bread/Bread Alternate Meat/Meat Alternate						_____ Less than 1 _____ 1 - 2 _____ 3 - 5 _____ Staff _____ Volunteers TOTAL _____
Lunch Milk, fluid Meat/Meat Alternate Fruit/Vegetable Fruit/Vegetable Bread/Bread Alternate						_____ Less than 1 _____ 1 - 2 _____ 3 - 5 _____ Staff _____ Volunteers TOTAL _____
P.M. Snack (Select 2 of 4 components) Milk, fluid Fruit or vegetable Bread/Bread Alternate Including cereal						_____ Less than 1 _____ 1 - 2 _____ 3 - 5 _____ Staff _____ Volunteers TOTAL _____

	Age	Amount-Breakfast	Amount-Lunch	Amount-Snack
Meat/Alternate	1 - 2		1 ounce	1/2 ounces
	3 - 6		1 1/2 ounces	1/2 ounces
	6 - 12		2 ounces	1 ounce
	12 - Adult		3 ounces	1 ounce
Fruits/Vegetables	1 - 2	1/4 cup	1/4 cup	1/2 cup
	3 - 6	1/2 cup	1/2 cup	1/2 cup
	7 - Adult	1/2 cup	3/4 cup	3/4 cup
Bread/Alternate	1 - 6	1/2 slice/1/3 Cups	1/2 slice	1/2 slice
	7 - Adult	1 slice/3/4 cups	1 slice	1 slice
Milk, fluid	1 - 2	1/2 cup	1/2 cup	1/2 cup
	3 - 6	3/4 cup	3/4 cup	1/2 cup
	7 - Adult	1 cup	1 cup	1 cup

FOOD TEMP _____

GLOVES USED _____

CLOROX STRIPS _____

LIST FOOD ITEM AND AMOUNT PURCHASED WEEKLY AND TOTAL COST

ATTACH GROCERY RECEIPTS